

Signature: Cloud

Printed Name: _

Capacity/Title:_

Aaron Christopherson

Member

(see instruction # 8 on back of form)

CERTIFICATE OF ASSUMED BUSINESS NAME

O7 NOV -5 PM 2: 36

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE

STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is: Creativity Made Easy 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name: Complete Address Name 365 E Wood Owl Dr., Kuna, ID 83634 Melena's LLC 3. The general type of business transacted under the assumed business name is: Transportation and Public Utilities Retail Trade Construction Wholesale Trade Agriculture Submit Certificate of Services Assumed Business Mining Manufacturing Name and \$25.00 fee to: Finance, Insurance, and Real Estate Idaho Secretary of State 4. The name and address to which future 450 N 4th Street correspondence should be addressed: PO Box 83720 Boise ID 83720-0080 Aaron Christopherson (208) 334-2301 365 E Wood Owl Dr Kuna. ID 83634 5. Name and address for this acknowledgment CODY IS (If other than #4 above): Secretary of State use only

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IDAHO SECRETARY OF STATE
11/06/2007 05:00
CK: 1109 CT: 158010 BH: 1884842
LB 25.88 = 25.88 ASSUM NAME # 8

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